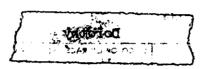
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH \_\_\_Primary Registration District N 1003 \_\_\_\_Registrar's No. Registration District No. \_\_\_\_ DO NOT WRITE AMENDED ON THIS STUB 1. 所はよまるこのDEC 2-1-1962 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY b. COUNTY Q \_ \_ a. STATE VS 300 admission AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits St. Louis, Missouri St. Louis 10 weeks TÖWN Yes 🔯 No 🗋 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR DePaul Hospital Yes 🕞 No 🗍 5208 Oleatha Yes 🔲 No 🖬 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year (Type or print) 1962 Dorothy DEATH 14. Bader Dec. 9. AGE (last birthday) | IF UNDER 1 YEAR 1F UNDER 24 HR Married Naver Married 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE Months Widowed [] Divorced [ 8-9-15 47 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)

NOUSEWIIE Blackwell, Mo. U.S.A. own home 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Ethel Aley (Unknown) IA SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of service Arthur D. Bader 5208 Oleatha 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN perteusur aus Julie Heart Discore ONSET AND DEATH 10 6 11 NSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was disease condition given in PART I (a) there a pregnancy in last 90 days. exumal ☐ Yes □ Unknown SUICIDE HOMICIDE 20b. DESCRIBE HOW (NJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES | NO IS 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK OR TYPEWRITER 12-14-(2 and last saw her alive on 21. I attended the deceased from. 10:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at-22b. ADDRESS 22c. DATE SIGNED (Degree or/title) 22a, SIGNATURE 100 No Eucled 12.15-62 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) Š REMOVAL (Specify)
Removal St. Joachim Cem Old Mines. Missouri 25. DATE RECD. BY LOCAL REG. ADDRESS 盏 24. FUNERAL DIRECTOR SAM HOFFMEISTER COLONIAL MORTUARY



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ Signed Que C. Branson
	Licensed Embalmer No. # 76 5
	P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Wayne Gorla 100 N. Euclid FO: 1-8687

11: 25 3

3 Last